

KINGDOM OF CAMBODIA

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Policy Brief

Reduce maternal, infant and child mortality through promoting nutrition status of women reproductive, pregnant women, and postpartum women aged 15-49 years



June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs



Preface

Under the leadership of **Samdech Moha Borvor Thipadei Hun Manet**, Prime Minister of the Kingdom of Cambodia, the Royal Government of the 7th Legislature of the National Assembly has carried on promoting gender equality and preventing all forms of gender-based violence by increasing investment in gender and empowering women in all fields to enable conducive environments for women to exercise their leadership rights to alleviate gender-based violence, early marriage, and teenage pregnancy, as well as to enhance public health, such as malnutrition among women and children, aimed at mitigating maternal and child mortality.

As a secretariat to the Royal Government, the Ministry of Women's Affairs has played a key and active role in promoting gender equality and health, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, and developed recommendations for Policy Briefs related to gender and health.

The Inter-ministerial Working Group, which is composed of members from the Ministry of Women's Affairs, the Ministry of Health and the National Institute of Statistics of the Ministry of Planning, has decided to select 5 topics as follows:

1. Promote response services for women and children survivors affected by gender-based violence;
2. Promote eradication of cervical cancer to save women's lives;
3. Mitigate maternal and infant mortality by promoting women's health and nutrition, reproductive health, pregnant women, and postpartum women aged 15-49;
4. Mitigate the impact of early marriages and teen pregnancy; and
5. Promote women in leadership and governance roles in the health sector.

The aforementioned 5 recommendations of the Policy Briefs have responded to the Pentagonal Strategy – Phase I of the Royal Government of the 7th Legislature for Growth, Employment, Equity, Efficiency and Sustainability by continuing to embrace "People" as a priority, with Pentagon 1 focusing on "Development of human capital" that takes into consideration of promoting people's health and well-being people and strengthening social support system. Pentagon Side 4.1 on "Sustainable and Inclusive Development" focuses on promoting

gender equality. The Ministry of Women's Affairs' Neary Rattanak VI Five-Year Strategic Plan consists of 6 key strategies, the 3rd of which relates to promoting well-being of women and young girls, transforming gender in health sector. Hence, Data to Policy (D2P) is absolutely crucial as it serves as evidence for advocacy in taking public health response measures as part of Neary Rattanak VI Strategic Plan.

With the support of Vital Strategies, the Ministry of Women's Affairs has led and collaborated with the Ministry of Health and the National Institute of Statistics of the Ministry of Planning to organize several meetings and consultative workshops as well as reviewed and analyzed existing data and identified 5 key issues for the formulation of the recommendations of the Policy Briefs on gender and health to advocate with concerned ministries, institutions and partners.

In addition, strengthening the capacity of officials to develop D2P Policy Briefs recommendations on gender and health in line with the policies of the Royal Government of the 7th Legislature focuses on public administration reform, public financial management reform and other reforms at national and sub-national levels.

We firmly believe that these recommendations of the Policy Briefs serve as guiding aide-memoires for the Royal Government and line ministries and institutions to make informed decisions in the formulation of action plans to contribute to the reduction of identified issues and provide recommendations based on this Policy Briefs.

Last but not least, the Ministry of Women's Affairs, the Ministry of Health, and the National Institute of Statistics of the Ministry of Planning strongly believe that all stakeholders within the Royal Government, development partners, private sector, and civil society organizations will use these recommendations of the Policy Briefs as a compass for effective and efficient implementation to contribute to the promotion of gender equality and health in response to the Pentagonal Strategy - Phase I of the Royal Government of the 7th Legislature of the National Assembly, and Neary Rattanak VI Strategic Plan.

Phnom Penh, *December 24, 2024*....

For - Minister

SECRETARY OF STATE



CHAN SOREY

Acknowledgement

The Policy Briefs Recommendation Development Working Group would like to express our most profound gratitude to **Her Excellency Dr. Ing Kantha Phavi**, Minister of Ministry of Women's Affairs, **His Excellency Professor Chheang Ra**, Minister of Ministry of Health, and **His Excellency Bin Trochhey**, Minister of Ministry of Planning, for their constant support to the successful completion of the Policy Briefs recommendations formulation.

In addition, the working group would like to thank the leaders of the 3 ministries, including **Her Excellency Chan Sory** and **Her Excellency Man Chenda**, Secretaries of State of the Ministry of Women's Affairs; **Her Excellency Pen Riksy**, Secretary of State of the Ministry of Health; **Her Excellency Pech Pitoratha** and **Her Excellency Thongpheap Chhaymaly**, Under-secretaries of State, Ministry of Women's Affairs, and the technical working groups of the 3 ministries.

We would like to thank Vital Strategies for providing both financial and technical supports for the development of the recommendations of the Policy Briefs, in particular to **Mr. Luis Ocaranza**, Senior Technical Advisor; **Dr. Mean Reatanasambath**, Country Coordinator; **Ms. Emily Myers**, and **Mr. Ric Mateo**, Trainers, for having developed the capacity of the working group to formulate these recommendations of the Policy Briefs. In the meantime, we would also like to thank the experts from the relevant ministries, institutions and partners for their inputs on the formulation of these recommendations of the Policy Briefs.

Composition of Technical Team

The Ministry of Women's Affairs will prepare a decision to establish an inter-ministerial core working group to prepare a plan and implement policy recommendations, consisting of the following:

No	Name	Position
Core Team Leadership		
1.	HE Chan Sorey	Secretaries of State of MoWA
2.	HE Man Chinda	Secretaries of State of MoWA
3.	HE Hou Samith	Secretaries of MoWA
4.	HE Pen Ricksy	Secretaries of State of MoH
5.	HE Hou Nirmita	Secretaries of State of MoWA
6.	HE Pich Pitou Ratha	Under Secretaries of State of MoWA
7.	HE Thong Pheanchhaymaly	Under Secretaries of State of MoWA
8.	HE Chan Sokha	Under Secretaries of State of MoH
Composition of Coordination		
1.	HE Nhean Sochetra	Director General of the General Department of Social Development, MoWA
2.	Ms. Nith Sreya	Deputy General Director Directorate of Administration of General Affairs
3.	Ms. Chhan Ratha	Deputy Director General of Social Development Directorate
4.	Ms. Te Vouchlim	Director of Planning and Statistics Department, MoWA
5.	Dr. Mean Reatanak Sambath	Country Coordinator, Vital Strategies
Composition of Master Trainer		
1.	Luis Ocaranza	Senior Technical Advisor Vital Strategies
2.	Emily Myers	Senior Technical Advisor, Vital Strategies
3.	Ricardo Mateo Jr	Vital Strategies
Composition of Group 3		
1.	HE Pich Pitou Ratha	Under Secretaries of State of MoWA
2.	Mr. They Kheam	Director of Department of NIS, MoP
3.	Ms. Neang Nary	Deputy Director of Education Department, MoWA
4.	Dr. Chan Sophall	Deputy director of National Nutrition Program, MoH
5.	Dr. Horng Iairapo	Vice chief, MoH
6.	Ms. Yin Samneang	Staff Director of Education Department, MoWA
7.	Ms. Sar Sereysethy	Deputy Office of the Department of Women and Health, MoWA

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Acronyms / Abbreviations and Definitions

Acronym	Definition in English
ANC	Antenatal Care
IFA	Iron-folic acid
LMIC	Low-and Middle-Income Countries
MMS	Multiple Micronutrient Supplementation

Summary

Malnutrition for women (age 15-49 years old)

Malnutrition in women of reproductive age, pregnant women and young children results in negative impacts on the long-term survival, growth and well-being of children. The percentage of malnutrition in women aged 15-49 is high which can be seen in many aspects such as being underweight/thin (36%), overweight/obese (39%), anemic (40%), and iron deficient 31%. For children, 22% of children are stunted, 16% are underweight, and 10% are wasted. Consequences of malnutrition include frequent infections due to weakened immune system, fatigue, high risk of complications that can lead to premature birth, or complications during pregnancy and childbirth which can result in the loss of life.

Malnutrition in women of reproductive age, pregnant women, and insufficient breastfeeding, along with underweight children and micronutrient deficiency during pregnancy leads to higher risk of death in children under 5. Based on the reports of some researches:

- Malnutrition results in %45 of child mortality and %20 of maternal mortality ⁽¹¹⁾;
- Mortality in newborns accounting for %4, and in infants aged 5-1 months accounting for %3 was due to malnourished mothers ⁽¹²⁾;
- Information from the Ministry of Health: %60 of pregnant women and newborns have micronutrient deficiency, %31 of women have vitamin D deficiency, and %46 of them have anaemia ⁽¹⁵⁾; and
- of mothers who are %18 overweight (obese) with a body mass index (BMI) greater than 25 and have diet-related non-communicable diseases; as for pregnant women with iron deficiency, the mortality is highest among mothers giving birth under the age of 20 and over the age of .30

The Ministry of Health must strengthen and expand the provision of health services associated with nutrition at local level; in particular, promote pregnant women to obtain antenatal care services at least 8 times at public and private health facilities. Health facilities must enhance health services pertinent to nutrition for women of reproductive age, strengthen antenatal care services, in particular encourage pregnant women to receive antenatal care services 8 times during pregnancy (according to the new guidelines of WHO in (2016, the provision of multiple micronutrient supplementation (MMS) in lieu of iron and folic acid (IFA) supplements, safe delivery, and postpartum care.

9. Introduction

The Royal Government of Cambodia, under the wise and energetic leadership of **Samdech Moha Borvor Hun Manet, Prime Minister of the Kingdom of Cambodia**, has launched the Pentagonal Strategy – Phase I for Growth, Employment, Equity, Efficiency and Sustainability to build the foundation for the realization of the Cambodia Vision 2050 by continuing to embrace **"People"** as a priority, in which Pentagon 1 focuses on **"Human capital development"**, Side 3 on promoting health and well-being of the people, and Side 4 on strengthening of social protection system and food system. Pentagon 4, which is about "Sustainable and Inclusive Development", focuses on promoting gender equality, environmental sustainability, natural resource management and development of agriculture and rural areas aiming at further solidifying the role and development of modern, diversified and resilient agricultural sector which supports the rural development to ensure food security and food safety, added value, promotes competitiveness and enhances rural livelihoods.

Nutrition lays the foundation for the health and development of children and adults, meaning that nutrition is a key pillar for the development of human body to be in good health and productivity of the nation. The World Health Organization defines malnutrition as an excess or imbalance in the intake of energy and/or nutritious foods. Malnutrition is divided into 5 categories: wasting, stunting, underweight, overweight, and deficiencies in vitamins and minerals ⁽¹⁾.

High level of malnutrition will undermine the productivity and put pressures on health system. Poor nutrition impairs the capability of people to actively participate as productive members of the workforce and, as a result, greatly increases the cost of health care. Therefore, the elimination of all forms of malnutrition is vital.

The nutritional status of women of reproductive age is very important for their health and well-being, in particular during pregnancy and breastfeeding period. Malnutrition in mothers before and during pregnancy is associated with newborns being underweight and premature birth, and babies born to mothers with malnutrition and improper nutrition can face delayed growth and development and result in more severe stunting throughout their childhood. Women who are well-nourished and healthy have a safe pregnancy and have higher chances for equal opportunities in the society ^(2, 3).

Healthy mother is a potential determinant for the survival, growth and development of children, families, communities and the nation as a whole. Evidence from several studies has shown that malnutrition in mothers before and during pregnancy and during breastfeeding period undermines the child which can result in death and complications including newborns being underweight, premature birth, and wasting (2, 3).

In spite of numerous positive developments, malnutrition for women and children remains a major challenge for Cambodia's public health sector and a threat to human resource development. Effective interventions to minimize the rate of malnutrition in children as the bamboo shoots growing to be bamboo require well-defined policies, strategies and plans for providing information, education and counseling on nutrition to women of reproductive age during pregnancy and postpartum period. In addition, periodic monitoring of weight of pregnant women, provision of multiple micronutrient supplementation (MMS), provision of dewormer, and screening for malnutrition and referring them to specialized services for complimentary balance nutrition if necessary (2, 3, 16).

Providing MMS to women during pregnancy as part of a comprehensive antenatal care program is an opportunity to speed up the progress toward mitigating the risk of underweight newborns, stunting in children and anaemia in women. Recent global evidence suggests that providing MMS for antenatal care screening provides more effective results than providing iron and folic acid (IFA) supplements to promote child delivery and has equal benefits for preventing anaemia in women. In addition, MMS is more cost-effective and safer than the current IFA in the low- and middle-income countries (LMIC) (16).

2. Problem analysis

Malnutrition among women of reproductive age and during pregnancy is a major public health issue which adversely affects maternal and child health. The complex interaction of socio-economic, cultural and environmental factors influences the prevalence and identification of the occurrence of malnutrition issues.

Malnutrition in women and girls can lead to weakened immunity to diseases and poor brain development, cognition and memory, and increase risks and life-threatening consequences, such as during pregnancy and child delivery, which is irreversibly dangerous, for the survival, growth, education and capacity to earn the living of their children in the future.

Although the rate of malnutrition among children under 5 has recently been steadily declining in Cambodia, this rate remains alarmingly high, with stunting at 22% and underweight at 16%. ⁽⁹⁾ Based on child biological development, this issue indicates that for many children, in particular children with stunting, malnutrition begins at an early age of their life, which can determine that many factors which are associated with the mother make these children at risk of stunting long before their birth ⁽²⁾.

Nutrition in mothers is the most important determinant of fetal growth. Malnutrition in mothers before and during pregnancy is closely related to underweight newborns, premature birth, and wasting at birth. Newborns from premature birth and with wasting can grow more slowly and become more prone to severe stunting later in life. Factors influencing the growth of the newborns include 1. Mothers who gain weight during pregnancy, 2. Micronutrient deficiencies, 3. Women with anaemia, 4. Women whose height is too short (under 150 cm), and 5. Women who are infected by viruses, such as malaria, tuberculosis and rubella ^(2, 3) during pregnancy, etc.

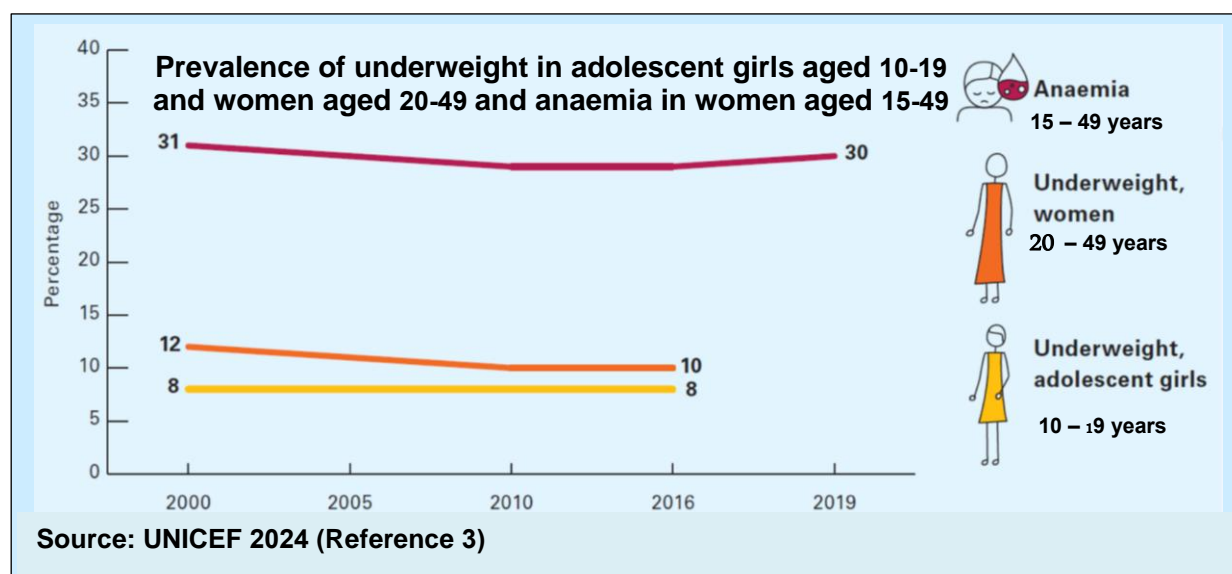
UNICEF finds that in general there are a number of key reasons why malnutrition among girls and women remains high which include the political will to improve nutrition for vulnerable women, the lack of a wider and comprehensive approach to women's nutrition, dangerous practices based on the tradition and social norms by the women themselves, such as refraining from consuming certain beneficial foods during pregnancy, and a lack of data and evidence on girls and women who are underweight and anaemic ⁽³⁾.

Malnutrition in mothers is a major contributing factor to delayed fetal growth. Numerous studies have shown that gaining enough body fat and weight during pregnancy and adding micronutrients result in a reduction in the likelihood of underweight newborns and the increase of gestational age. During pregnancy, it is important and necessary for women to increase their intake of foods rich in energy and micronutrients to support fetal growth. The reports added that more than half of the mothers with newborns interviewed suggested that they cut down the amount of their food intake during pregnancy and sometimes avoided certain foods during pregnancy because they believed that these foods produced adverse impacts for their health or their children, and many women were unable to eat due to nausea. In addition, 68% of women did not consume foods rich in micronutrients ⁽²⁾.

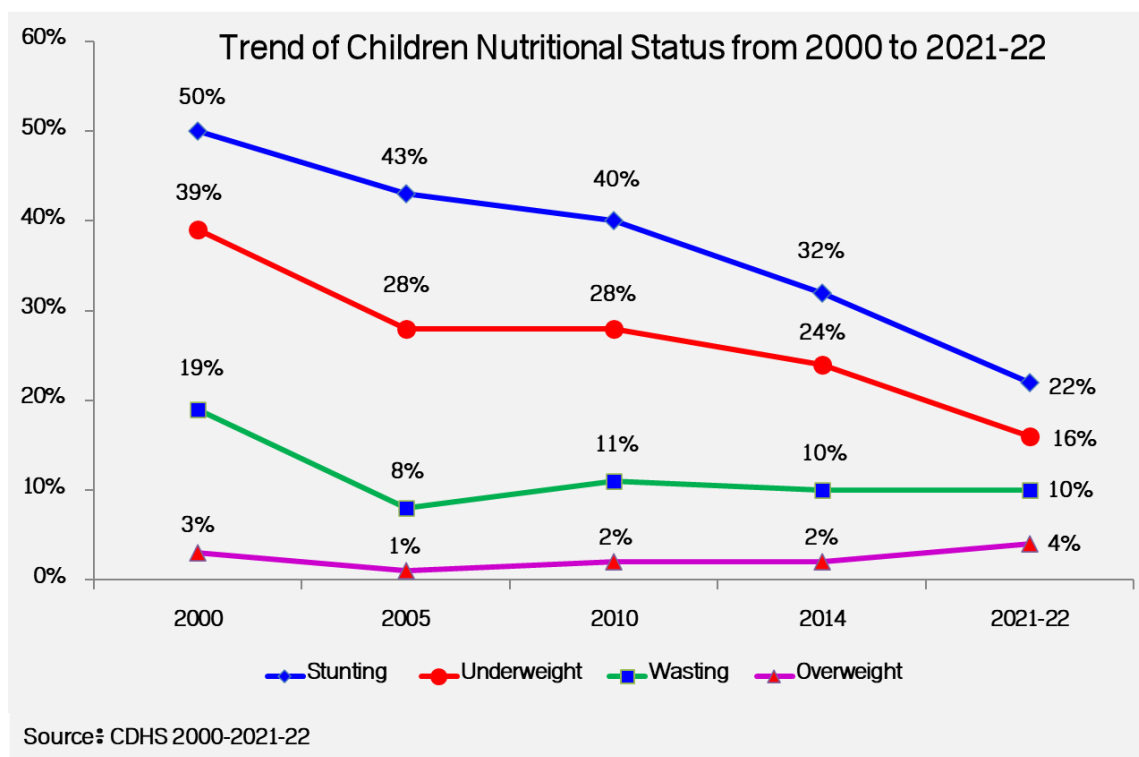
To sum up, malnutrition comes into existence along with the lack of knowledge in fetal care and the lack of attention from parents, guardians or caregivers, resulting in children consuming foods that are prone to high risks for children's health. Malnutrition in childhood and during pregnancy has a negative impact on the growth and development of children and a lifelong impact on their education as well as the risk of chronic diseases. As a consequence, the Ministry of Health and line ministries must provide health interventions to minimize the rate of malnutrition in women aged 15-49 by following the Policy Brief Recommendations as set out in this document.

2.1. Findings

By 2022, it was estimated that out of 663.1 million children under the age of 5 across the world, 34.8% of them had problems associated with malnutrition. Among that, children with stunting accounted for 22.5% and overweight accounted for 5.6%. Malnutrition was an underlying cause which contributed to nearly half of all mortalities of children under the age of 5 around the world, and was more prevalent in low- and middle-income countries (LMIC). Based on a UNICEF report in 2024, there was almost no change in number in the last two decades. From 2000 to 2019, anaemia in women was decreased by only 1%, dropping from 31% to 30%, while the percentage of underweight girls aged 10-19 was not decreased, as shown in the figure below. (1, 3, 4).

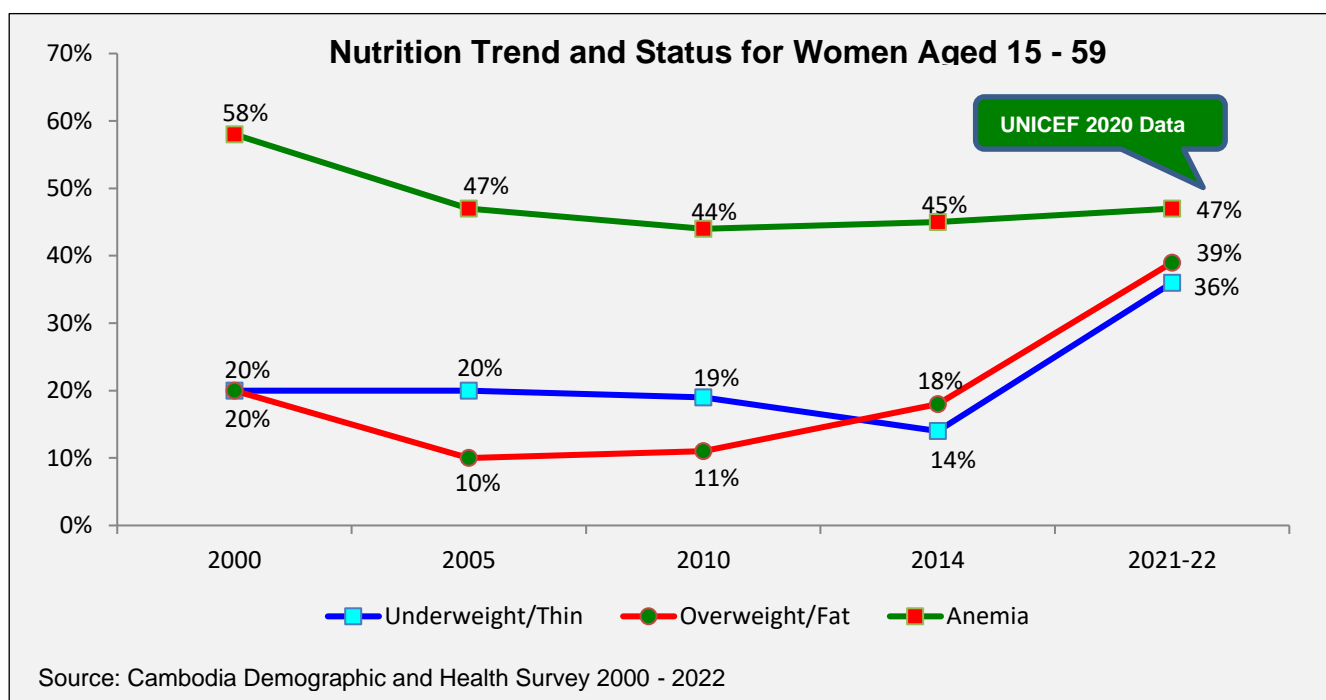


Currently, 40% of all children in the world are between the ages of 6 and 59 months (269 million), and the majority of them are under the age of 2, while about 500 million women between the ages of 15 and 49 have anaemia. In 2019, 30% (539 million) of normal women and 37% (32 million) of pregnant women between the ages of 15 and 49 had anaemia. On a separate note, WHO estimates that approximately 244 million women and 83 million children in Southeast Asia have anaemia ^(5,9). For South and Southeast Asia, the prevalence of anaemia among women aged 15-49 accounts for 50.17%, ranging from 13.3% in the Philippines to 70.3% in Nepal ⁽¹⁷⁾.



Based to the Cambodia Demographic and Health Survey data, the nutrition status of children under 5 years of age was significantly decreased from 2000 to 2022. The rate of stunting was dramatically decreased from 50% in 2000 to 22% in 2021-22, while the rate of underweight children was also sharply decreased, from 39% in the 2000 to 16% in 2021-22. On the other hand, the number of children with wasting has not been decreased since 2014, meaning that it remains at 10%. In addition, the percentage of overweight children has not remarkably declined but was slightly decreased in 2000, and it was increased up to 4% in 2021-22. This means that these rates are still high, according to the World Health Organization specification ^(7.1 - 7.5).

The Cambodia Demographic and Health Survey data suggests that the nutrition status of Cambodian women in the reproductive age between the age of 15 and 49 is still not yet better, and although the anaemia rate dropped from 58% in 2000 (7.1) to 47% in 2020 (18), this rate is still high, compared to the anaemia rate in the region of about 29% as specified by the UNICEF (3).



From 2014 to 2022, the rate of underweight women was increased from 14% to 36%, an increase of 2.6 times, while the rate of overweight/obese women also increased from 18% to 39%, an increase of 2.2 times (7.1 - 7.5). The Roadmap for Accelerating Nutrition Improvement 2023-2030 reveals that 40% of women of reproductive age have anaemia and 31% have iron deficiency (9). Malnutrition and poor health in women during pregnancy contribute to a high level of underweight newborns of up to 11% and can lead to maternal and infant mortality (6).

The problem of malnutrition in women of reproductive age is associated with the insufficient and improper intake of nutritious, energetic and preventive foods, which usually take place among poor households (such as families of women with low-income in rural areas) and among women who lack understanding of the importance of health and nutrition. All of these factors cause women to suffer from health problems such as anaemia, wasting, being

overweight and micronutrient deficiencies. This situation is due to the fact that 17.8% of the population is below the poverty line and 6% of women have low level of general education ⁽²⁾. Furthermore, 18% of women are short ^(7.5) and 6% of them are shorter than 145 cm, which indicates that they have had problems with malnutrition since childhood ⁽¹¹⁾. Malnutrition has been identified as the leading cause of 45% of child mortality and 20% of maternal mortality ⁽¹³⁾.

2.2. Challenges

Malnutrition among women aged 15-49, as well as its serious consequences, is a big concern in the world and in Cambodia. Women with health problems suffer from at least one of the most common forms of malnutrition, including anaemia, underweight, overweight and micronutrient deficiency, in particular during pregnancy, and 2 out of 3 women suffer from micronutrient and vitamin deficiencies. These problems are the root cause leading to complications during child delivery and unhealthy newborns and potentially resulting in the loss of lives. Aged 15-49, women in rural areas are more likely to be anemic and underweight, while women in urban areas are more likely to be overweight ^(7.5).

The rate of malnutrition in women of reproductive age (15-49) is high, which produces severe consequences for women's health, such as:

- Nutrition status for women: 4% of women aged 20-40 and 14% of women aged 15-19 are short. Underweight among women aged 20-49 years accounts for 7% and among women aged 15-19 accounts for 29%. Overweight or obesity among women aged 20-49 accounts for 33% and among women aged 15-19 accounts for (6%) ^(7.5);
- Diet regime: 57% of women obtain minimum diverse diet regime, 63% consume sugary drinks, and 33% consume unhealthy foods; and as for iodized salt, 49% of households consumes iodized salt ^(7.5).

2.3. Selection of Policy Brief Recommendations

The Ministry of Health and the Ministry of Women's Affairs, in collaboration with the relevant ministries, shall review, approve and turn the following Policy Brief Recommendations into action:

2.3.1. Policy Brief Recommendation Option 1

The Ministry of Health shall fortify and expand the delivery of health services pertaining to nutrition for women of reproductive age, principally the promotion of pregnant women to get access to antenatal services at least 8 times during pregnancy at public and private health facilities which contain nutrition programs for women, including the incorporation of multiple micronutrient supplementation (MMS) instead of iron and folic acid (IFA) supplements, safe delivery and postpartum health care.

This Policy Brief Recommendation is feasible thanks to the opportunities and innovations under the existing health programs, such as health infrastructure, social protection for pregnant women, and strengthening of the quality of basic health care services and mechanisms. Adding to that, Women Malnutrition and Population Welfare Program is part of the Pentagonal Strategy - Phase I, Side 4 of the Pentagon 1 of the Royal Government of the 7th Legislature, supplemented by Side 1 of the Pentagon 4 and the Neary Rattanak VI Strategic Plan.

Sources of fund to carry out this work are available in various health programs being implemented in the Kingdom of Cambodia. The expansion of nutrition-related health services is a factor which increases the opportunities for women aged 15-49 to receive appropriate and adequate services for the mitigation of malnutrition for women.

2.3.2. Policy Brief Recommendation Option 2

Strengthen sub-national coordination mechanisms to follow up, monitor and evaluate nutrition programs for women, in particular their integration into the mechanisms on promoting basic health care provision.

The Ministry of Health, in collaboration with the Ministry of Women's Affairs and related ministries, which is formulating a monitoring and evaluation working group, in line with Circular No. 09 SR, dated Thursday, 13th day of waning moon, lunar month of Ches, lunar year of dragon, Chhorsak, B.E 2568, corresponding to 4 July 2024, on Establishment of the Monitoring and Evaluation Working Group shall integrate monitoring and evaluation activities on health service delivery associated with the nutrition status for women of reproductive age.

This Policy Brief Recommendation Option is an intervention that can inform the results of the reduction of malnutrition for women. Moreover, the Ministry of Health may use the

mechanisms on the promoting the provision of basic health care services that are being executed in the 25 capital and provinces.

The translation of this Policy Brief Recommendation into action is less costly due to existing mechanisms.

2.3.3. Policy Brief Recommendation Option 3

The Ministry of Health shall strengthen and expand educational programs on micronutrient deficiencies for women of reproductive age during pregnancy and under 5 parenting.

Promotion of awareness of micronutrient deficiencies for women of reproductive age, during pregnancy and under 5 parenting plays a key role in helping women's and children's body to produce enzymes, hormones and nutrients for proper growth. Strengthening of the service delivery of Package of Activities as set forth in Module 10 will satisfy this Policy Brief.

The Ministry of Health may enhance the provision of micronutrient services for women during pregnancy. The success in carrying out this Policy Brief Recommendation contributes to reducing maternal and infant mortality and minimizing malnutrition diseases in women and children.

This Recommendation can be feasible because the Ministry of Health has the infrastructure and human resources in place, and it should be implemented at both health facility level and community level.

2.3.4. Policy Brief Recommendation Option 4

Provision of funding to communes/Sangkats with nutrition programs for women and children to upgrade antenatal care, nutrition counseling and multiple micronutrient supplementation.

Budgets of the commune/Sangkat administration are allocated based on the objectives of policies, programs, sub-programs and priorities, and clusters of activities which prescribe the objectives and target indicators, timelines, and budgets needed to develop their localities, including the specific budget package for the promotion of women and children health as well.

Analysis of Policy Brief Recommendations

In short, each Policy Brief Recommendation Option has its own advantages and disadvantages, and the choice depends on the decision makers' priorities and challenges. The **Policy Brief Recommendation Option 1** is good for improving health outcomes and ensuring equity, but it requires a lot of investment and faces some major challenges during the implementation, in terms of cooperation, infrastructure, and budget. The **Policy Brief Recommendation Option 2** offers an



Pictured by Vital Strategies

effective approach for the follow-up, monitoring and evaluation through the existing mechanisms. The **Policy Brief Recommendation Option 3**, which provides micronutrients for women during pregnancy and under 5 parenting for women, is a good intervention and can be carried out in health facilities and communities. In general, the **Policy Brief Recommendation Options 1, 2 and 3** are importantly needed because they are intertwined and complement each other. Malnutrition in women, insufficient breastfeeding, along with underweight children, and lack of zinc and vitamin A lead to a higher risk of mortality in children under 5. According to a study, still birth accounts for 4% and mortality in infants aged 1-5 months accounts for 3%, and all of these are caused by malnourished mothers ⁽¹⁴⁾. 6% of women have low level of education and did not attend school (and so did not seek antenatal care), 60% of them encounter micronutrient deficiency during pregnancy and postpartum (MoH), 18% of them are overweight (obese) with a body mass index (BMI) greater than 25 and have diet-related non-communicable diseases; as for pregnant women with iron deficiency, the mortality is highest among mothers giving birth under the age of 20 and over the age of .30 However, the **Policy Brief Recommendation Option 4** may not be feasible due to its high cost and time consumed on mobilizing support.

Prioritization of Policy Brief Recommendations

	Support from government leadership	Feasibility
Policy Recommendation Option 1		
Policy Recommendation Option 2		
Policy Recommendation Option 3		
Policy Recommendation Option 4		

High possibility	
Some possibility	
Impossibility	

4. Policy Brief Recommendations

To address the problem of malnutrition for women aged 15-49, the Ministry of Health and relevant ministries need to work on the expansion and improvement of the quality of health services in public and private health facilities that respond to malnutrition for women. Strengthening and turning the Policy Brief Recommendations into action by focusing on:

- Promoting the provision of safe antenatal care,
- Mainstreaming health education on nutrition in reproductive health services, and
- Extensive awareness raising on nutrition and its information to rural areas.

To promote the quality of health services to accomplish this objective, the Ministry of Health and concerned ministries shall:

- Organize a working group to review and update nutrition services available at health facilities;
- Incorporate nutrition-related roles and responsibilities to into the monitoring and evaluation working group that is being developed to be in line with Circular No. 09 SR, dated Thursday, 13th day of waning moon, lunar month of Ches, lunar year of dragon, Chhorsak, B.E 2568, corresponding to 4 July 2024, on Establishment of the Monitoring and Evaluation Working Group; and
- Prepare for the integration into the existing mechanisms at sub-national level to promote the implementation of Policy Brief Recommendations on the Provision of Nutrition-related Health Services.

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